This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

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## **SA1-2E** Short Form

Return completed workbook

STATEM	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
for Seconda	ary Tr	ransmissions by	DATE RECEIVED	AMOUNT	
	ems (	Short Form)	3/2/23	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: ()	/YYY/(Period))	
Accounting Period		2022/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optiona	Period 2 = July 1 - December 31 Il - see instructions)	
В		Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the pa		osidiary of another corporation, give the full	corporate
Owner		List any other name or names under wh	ich the owner conducts the business of e accounting period, only the owner or fee payment covering the entire accou	n the last day of the accounting period shoul unting period.	d submit a 3719
		LEGAL NAME OF OWNER/MAILIN CableSouth Media III, LLC BUSINESS NAME(S) OF OWNER C	NG ADDRESS OF CABLE SYSTEM	M	
		MAILING ADDRESS OF OWNER O 1056 Jones Blvd (Number, street, rural route, apartment, or suite Milan, TN 38358 (City, town, state, zip)			
С		es already appear in space B. In line		entify the business and operation of t the system, if different from the addre	
System	1	IDENTIFICATION OF CABLE SYSTEM: Swyft Connect	M.		
	2	MAILING ADDRESS OF CABLE SYSTEM 1056 Jones Blvd (Number, street, rural route, apartment, or suite Milan, TN 38358			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CableSouth Media III, LLC	3719
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter knowr
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Ferriday	LA
Community	Concordia Parrish	LA
Rows as Necessary		
	กลายการการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	
Name	CableSouth Media III, LI							010	371
		_0							
Е	SECONDARY TRANSMISSION								
	In General: The information in s	•		-					
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ng on the	
Service: Sub-	Number of Subscribers: Both						le system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu	-						charged	
	separately for the particular server <b>Rate:</b> Give the standard rate c							e and the	
	unit in which it is generally billed.	-	-	•			-		
	category, but do not include disc	· · ·			ny standar		, within a p		
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note			-		-			
	categories, that person or entity subscriber who pays extra for ca					• • •	•		
	first set" and would be counted o								
	Block 2: If your cable system I	0			( )	service that are	different fr	om those	
	printed in block 1 (for example, ti						,.		
	with the number of subscribers a	ind rates, in the	e right-h	and block. A tw	vo- or three	e-word description	on of the s	ervice is	
	sufficient.	OCK 1					BLOC	()	
		NO. OF					BLOOM	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		102	32.85					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NGMIG		9				
-	In General: Space F calls for rat					l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, th	hose services t	hat are	not offered in a	combinatio	n with any seco	ndary trans	smission	
	service for a single fee. There ar	•			•		• • • •		
Services Other Than	furnished at cost or (2) services of								
Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	ites are ch	argeo on a vana	able per-pro	ogram basis,	
ransmissions:	-		he cabl	e system for ea	ach of the a	applicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a s				shed. List	these other serv	rices in the	form of a	
	brief (two- or three-word) descrip	tion and includ	le the ra	ate for each.			1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	GORY OF SER	-	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential				
	• Pay cable			otel, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>		_	mmercial					
	Fire protection		•Pa	y cable					
	<ul> <li>Burglar protection</li> </ul>		•Pa	y cable-add'l ch	nannel				
			• Fire	e protection					
	Installation: Residential								
	Installation: Residential • First set	75.00	• Bu	rglar protection					
		75.00		rglar protection <b>services:</b>					
	• First set	75.00	Other			75.00			
	<ul><li>First set</li><li>Additional set(s)</li></ul>	75.00	Other • Re	services:		75.00			
	<ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		Other • Re • Dis	services: connect		75.00			

Accounting Period: 2	2022/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Nume	CableSouth Media III,	LLC		3719
<b>G</b> Primary	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6	<i>t</i> (1) stations carried only on a part-tine the carriage of certain network progra	me basis under ms [sections
Transmitters: Television	Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie n concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-th	the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" inal multicast). s licensed by the
		2 D'CAST CHANNEL NUMBER		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAQY	11	N	Columbia, LA
	KNOE	4	N	Monroe, LA
Add Rows as Necessary	KALB	2	N	Alexandria, LA
	KNOE	6	N	Monroe, LA
	KARD	5	<b>I</b>	West Monroe, LA
	KALX	12	N	Alexandria, LA
	KLTM	9	E	Monroe, LA

EGAL NAME O			YSTEM:				1	SYSTEM II 37
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral in eparate :	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONEE OTON		0/B		ON LE CICIL		0,12		
						·		
						·		
						·		
						·		

Accounting Perio								
Name	LEGAL NAME OF OWNER OF CableSouth Media III,		IEM:					SYSTEM ID# 3719
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	DG			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting p	eriod, under sp	ecific present and former l	CC rules, reg	ulations, or	authorizatio	ons. For a further
Carriage:	1. SPECIAL STATEMEN				-			
Special Statement and	• During the accounting per	riod, did you	ur cable syster	n carry, on a substitute b	asis, any non	network tele	evision prog	gr <u>am</u>
Program Log	broadcast by a distant sta	ation?					YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pa	ge blank. If your answer	s "Yes," you	must compl	ete the pro	gram
	log in block 2.		•					0
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograr <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broa the case of Mexican or Car <b>Column 5:</b> Give the mor first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes.	ace, please of every not a distant stat egulations, of ries like "mot . Bulls." m was broa sign of the adcast statiu nadian statid nth and day ive "5/7."	add additional onnetwork tele tion and that y or authorization ovies" or "bask dcast live, entu station broadc on's location ( ons, if any, the when your sy e substitute pr	rows to the tables. vision program ("substitut our cable system substitu ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter sasting the substitute prog the community to which the stem carried the substitut ogram was carried by you	e program") t ted for the pr eneral instruct am titles, for o "No." rram. he station is li e station is li e program. U ur cable syste	hat, during ogramming tions for furt example, "I censed by t lentified). se numeral: m. List the f	the accoun of another her informa Love Lucy' he FCC or s, with the times accu	ting station ation. ' or , in month rately
	to delete under FCC rules a was substituted for program	ter "R" if the and regulati mming that y	ions in effect d		od; enter the	letter "P" if t	he listed p	
	<b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y	ions in effect d your system w	luring the accounting peri as permitted to delete un	d; enter the der FCC rules	letter "P" if t s and regula	the listed prations in	rogram
	<b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y b. UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting peri as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	letter "P" if t s and regula N SUBSTI AGE OCCI	TUTE URRED	rogram
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Accounting Period:	2022/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	S	YSTEM ID# 3719
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic amount, se	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 3 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay fo accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	r this six-mont	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1         1. Base amount under statutory formula       \$263,800.00         2. Enter amount of gross receipts from space K		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	7,600)	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)       \$         2. Filing Fee (See the instructions for more information on filing fee calculations)       \$         3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3       3	52.00 15.00 \$	67.00
	EFT Trace # or TRANSACTION ID # 2747H554		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n		

Accounting Period:	2022/2						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF CableSouth M	OWNER OF CABLE SYSTEM: <b>/Iedia III, LLC</b>					SYSTEM ID# 3719
<b>M</b> Channels	<ol> <li>to its subscribe</li> <li>1. Enter the tot system carrie</li> <li>2. Enter the tot on which the</li> </ol>	You must give (1) the number of ers, and (2) the cable system's al number of channels on whic ed television broadcast stations al number of activated channe cable system carried television dcast services	total num th the cab to the cab to broadca	nber of activated chable	annels during the	accounting period.	15 7 172
N Individual to Be Contacted		O BE CONTACTED IF FURTI t about this statement of accou		ORMATION IS NEE	EDED (Identify an	individual to whom	
for Further Information	Name	Cristy Workman				Telephone	731-686-9227
	Address	1056 Jones Blvd (Number, street, rural route, apart Milan, TN 38358 (City, town, state, zip)	tment, or su	uite number)			
	Email	cworkman@sw	yftconne	ect.com		Fax (optional)	
O Certification	I, the undersig     (Owr     (Age     in     X     (Offi	N (This statement of account m ned, hereby certify that (Check on her other than corporation or p nt of owner other than corpora n line 1 of space B and that the of icer or partner) I am an officer ( n line 1 of space B.	one, <i>but or</i> partnershi ation or p powner is n	nly one , of the boxes ip) I am the owner of partnership) I am the not a corporation or p	.) i the cable system e duly authorized ag artnership; or	as identified in line 1 of space	e B; or e system as identified
	are true, comple	ed the statement of account and ete, and correct to the best of my tion 1001(1986)]	-				in
				/s/ William We electronic signature e gnature using an "/s/ s	on the line above to	o certify this statement. / John Smith)	-
		Typed or printed	l name:	William Wels	h		
		Title: (Title of o		Accounting	or partnership)		
		Date:				3/1/23	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and i search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in th completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

unting Period: 2022/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
eSouth Media III, LLC	371
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
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